Case 10-16643-elf Doc 32 Filed 01/28/11 Entered 01/28/11 17:20:11 Desc Main Document Page 1 of 8

| B22C (Official Form 22C) (Chapter 13) (12/10) | According to the calculations required by this statement: |
|---|---|
| , , , , | ☐ The applicable commitment period is 3 years. |
| In re Robert E Storr, Kimberly A Storr | ▼ The applicable commitment period is 5 years. |
| Debtor(s) | ☑ Disposable income is determined under § 1325(b)(3) |
| Case Number: 10-16643-elf | ☐ Disposable income is not determined under § 1325(b)(3) |
| (If known) | (Check the boxes as directed in Lines 17 and 23 of this statement.) |

AMENDED - CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

| | Part I. REPORT OF | INCOME | | |
|---|--|---|--------------------------------|--------------------------------|
| 1 | Marital/filing status. Check the box that applies and complete tha. ☐ Unmarried. Complete only Column A ("Debtor's Income D. ☑ Married. Complete both Column A ("Debtor's Income | | | |
| | All figures must reflect average monthly income received from all six calendar months prior to filing the bankruptcy case, ending on before the filing. If the amount of monthly income varied during the divide the six-month total by six, and enter the result on the approximation. | the last day of the month e six months, you must | Column A Debtor's Income | Column B Spouse's Income |
| 2 | Gross wages, salary, tips, bonuses, overtime, commissions. | | \$11,527.00 | \$398.00 |
| 3 | Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV. | | | |
| | a. Gross Receipts \$ 0.00 b. Ordinary and necessary business expenses \$ 0.00 c. Business income \$ Subtract Line b from Line a \$0.00 | | | |
| 4 | Rent and other real property income. Subtract Line b from Line the appropriate column(s) of Line 4. Do not enter a number less any part of the operating expenses entered on Line b as a de a. Gross Receipts b. Ordinary and necessary operating expenses c. Rent and other real property income | than zero. Do not include | \$0.00 | \$0.00 |
| 5 | Interest, dividends, and royalties. | | \$0.00 | \$0.00 |
| 6 | Pension and retirement income. | | | \$0.00 |
| 7 | Any amounts paid by another person or entity, on a regular be expenses of the debtor or the debtor's dependents, including that purpose. Do not include alimony or separate maintenance puthe debtor's spouse. Each regular payment should be reported in payment is listed in Column A, do not report that payment in Column | child support paid for ayments or amounts paid by only one column; if a | \$0.00 | \$0.00 |

| 8 | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: | | | | |
|----|---|--|--|---|------------------------|
| | Unemployment compensation claimed to be a benefit under the Social Security Act | Debtor \$0.00 | Spouse \$ | \$0.00 | \$0.00 |
| 9 | Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. | | | | |
| | a. | \$ | | | |
| | | | | \$0.00 | \$0.00 |
| 10 | Subtotal. Add Lines 2 thru 9 in Column A, an in Column B. Enter the total(s). | d, if Column B is comp | leted, add Lines 2 thru 9 | \$11,527.00 | \$398.00 |
| 11 | Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A. | | | |) |
| | Part II. CALCULATIO | ON OF § 1325(b)(4) | COMMITMENT PERIO | D | |
| | | | | | |
| 12 | Enter the amount from Line 11. | | | | \$ 11,925.00 |
| 13 | Enter the amount from Line 11. Marital adjustment. If you are married, but a calculation of the commitment period under § spouse, enter on Line 13 the amount of the in regular basis for the household expenses of y for excluding this income (such as payment o other than the debtor or the debtor's dependencessary, list additional adjustments on a senot apply, enter zero. | 1325(b)(4) does not reaction and income listed in Line 10, you or your dependents of the spouse's tax liabilities, and the amount of | equire inclusion of the income Column B that was NOT pass and specify, in the lines belity or the spouse's support of income devoted to each pu | e of your id on a low, the basis of persons rpose. If | \$ 11,925.00 |
| | Marital adjustment. If you are married, but a calculation of the commitment period under § spouse, enter on Line 13 the amount of the in regular basis for the household expenses of y for excluding this income (such as payment o other than the debtor or the debtor's dependencessary, list additional adjustments on a senot apply, enter zero. | 1325(b)(4) does not reaction and income listed in Line 10, you or your dependents of the spouse's tax liabilities, and the amount of | equire inclusion of the income Column B that was NOT pass and specify, in the lines belity or the spouse's support of income devoted to each punditions for entering this adju | e of your id on a low, the basis of persons rpose. If | \$ 11,925.00 \$0.00 |
| | Marital adjustment. If you are married, but a calculation of the commitment period under § spouse, enter on Line 13 the amount of the in regular basis for the household expenses of y for excluding this income (such as payment o other than the debtor or the debtor's dependencessary, list additional adjustments on a se | 1325(b)(4) does not reaction and income listed in Line 10, you or your dependents of the spouse's tax liabilities, and the amount of | equire inclusion of the income Column B that was NOT pass and specify, in the lines belity or the spouse's support of income devoted to each pu | e of your id on a low, the basis of persons rpose. If | |

| 14 | Subtract Line 13 from Line 12 and enter the result. | \$ 11,925.00 |
|-----|--|---------------|
| 15 | Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result. | \$ 143,100.00 |
| 16 | Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: PA b. Enter debtor's household size: 4 | \$ 78,626.00 |
| 17 | Application of § 1325(b)(4). Check the applicable box and proceed as directed. □ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commit 3 years" at the top of page 1 of this statement and continue with this statement. ☑ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable comperiod is 5 years" at the top of page 1 of this statement and continue with this statement. | · |
| | Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME | |
| 18 | Enter the amount from Line 11. | \$ 11,925.00 |
| 19 | Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. | |
| | a. \$ | \$ 0.00 |
| | Total and enter on Line 19. | |
| 20 | Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result. | \$ 11,925.00 |
| 21 | Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result. | \$ 143,100.00 |
| 22 | Applicable median family income. Enter the amount from Line 16 | \$ 78,626.00 |
| 23 | Application of § 1325(b)(3). Check the applicable box and proceed as directed. ✓ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is dete 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. ☐ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is nunder § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Part | ot determined |
| | Part IV. CALCULATION OF DEDUCTIONS FROM INCOME | |
| | Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) | |
| 24A | National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. | \$ 1,371.00 |
| | | |

| National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Outof-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Outof-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount, and enter the result in Line 24B. | | | | | | |
|---|---|--|--|--|--|--|
| Perso | ons under 65 years of age | | Per | sons 65 years of age or older | | |
| а1. д | Allowance per person | 60.00 | a2. | Allowance per person | 144.00 | |
| b1. N | lumber of persons | 4.00 | b2. | Number of persons | | |
| c1. S | Subtotal | 240.00 | c2. | Subtotal | | \$ 240.00 |
| and Uti availab of the r | ilities Standards; non-mortga le at <u>www.usdoj.gov/ust/</u> or fi number that would currently b | ge expenses for the rom the clerk of the e allowed as exer | ne app e ban nptior | olicable county and family size. kruptcy court). The applicable f | (This information is amily size consists | \$ 681.00 |
| Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court)(the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. | | | | | | |
| a. IRS Housing and Utilities Standards; mortgage/rent expense \$ 1,689.00 | | | | | | |
| b. | | any debts secured b | y hom | e, if \$ 3,273.00 | | |
| C. | Net mortgage/rental expense | | | Subtract Line b from Line a | <u> </u> | \$ 0.00 |
| Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below: | | | \$ | | | |
| an expe | ense allowance in this catego | ry regardless of w | hethe | | | |
| | | | | | | |
| If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | | | \$ 598.00 | | |
| Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | | \$ 0.00 | | | |
| | Pocket or from 65 year (The appearance of the result in | Pocket Health Care for persons 65 y or from the clerk of the bankruptcy of 65 years of age, and enter in Line b2 (The applicable number of persons in be allowed as exemptions on your fewhom you support.) Multiply Line a1 result in Line c1. Multiply Line a2 by result in Line c2. Add Lines c1 and c Persons under 65 years of age a1. Allowance per person b1. Number of persons c1. Subtotal Local Standards: housing and uti and Utilities Standards; non-mortgad available at www.usdoj.gov/ust/ or frof the number that would currently be number of any additional dependent to the IRS Housing and Utilities Standards information is available at www.usdof.amily size consists of the number the return, plus the number of any additional of the Average Monthly Paymet Line b from Line a and enter the result and 25B does not accurately computitities Standards: housing and utilities Standards and 25B does not accurately computilities Standards; housing and utilities Standards and 25B does not accurately computilities Standards, enter any additional capture of the Average Monthly Payment for any, as stated in Line 47. c. Net mortgage/rental expense Local Standards: housing and utilities Standards; housing and utilities Standards are any additional capture of the payment of the Average Monthly Payment for any, as stated in Line 47. c. Net mortgage/rental expense Local Standards: transportation; van expense allowance in this catego and regardless of whether you use public than the payment of the p | Pocket Health Care for persons 65 years of age or old or from the clerk of the bankruptcy court.) Enter in Line 65 years of age, and enter in Line b2 the applicable nu (The applicable number of persons in each age categor be allowed as exemptions on your federal income tax whom you support.) Multiply Line a1 by Line b1 to obtain result in Line c1. Multiply Line a2 by Line b2 to obtain a result in Line c2. Add Lines c1 and c2 to obtain a total persons under 65 years of age a1. Allowance per person 60.00 b1. Number of persons 4.00 c1. Subtotal 240.00 Local Standards: housing and utilities; non-mortg and Utilities Standards; non-mortgage expenses for the available at www.usdoi.gov/ust/ or from the clerk of the first of the number that would currently be allowed as exernumber of any additional dependents whom you supped the IRS Housing and Utilities Standards; mortgage/reinformation is available at www.usdoi.gov/ust/ or from family size consists of the number that would currently return, plus the number of any additional dependents total of the Average Monthly Payments for any debts stand of the Average Monthly Payments for any debts stand of the Average Monthly Payments for any debts stand of the Average Monthly Payment for any debts secured by any, as stated in Line 47. c. Net mortgage/rental expense Local Standards: housing and utilities; adjustment and 25B does not accurately compute the allowance Utilities Standards: transportation; vehicle operation an expense allowance in this category regardless of wand regardless of whether you use public transportation. Check the number of vehicles for which you pay the of are included as a contribution to your household expensify you checked 0, enter on Line 27A the "Public Transportation. If you checked 1 or 2 or more, enter or Local Standards: Transportation; additional public expenses for a vehicle and also use public transportation expenses for a vehicle and also use public transp | Pocket Health Care for persons 65 years of age or older. (Ti or from the clerk of the bankruptcy court.) Enter in Line b1 th 65 years of age, and enter in Line b2 the applicable number (The applicable number of persons in each age category is be allowed as exemptions on your federal income tax return whom you support.) Multiply Line a1 by Line b1 to obtain a tresult in Line c1. Multiply Line a2 by Line b2 to obtain a total result in Line c2. Add Lines c1 and c2 to obtain a total health persons under 65 years of age Persons of | Pocket Health Care for persons 65 years of age or older. (This information is available at wor from the clerk of the bankruptyc court.) Enter in Line b 1the applicable number of persons 65 years of age, and enter in Line b2 the applicable number of persons 65 years of (The applicable number of persons in each age category is the number in that category that be allowed as exemptions on your federal income tax return, plus the number of any additic whom you support.) Multiply Line a 1 by Line b2 to obtain a total amount for persons under result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons of 53 and ot result in cert. (Line c1.) With your persons under or sult in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total amount for persons of 53 expersons under 65 years of age or older a1. Allowance per person 66.00 a2. Allowance per person b1. Number of persons 4.00 b2. Number of persons c2. Subtotal 240.00 c2. Subtotal 240 | Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoi.gov/ust/ (The applicable number of persons who are 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line at by Line b2 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line at by Line b2 to obtain a total amount for persons under 65 and enter the result in Line c2. Add Lines c1 and c2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total amount of persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total will be care amount, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount of the c1 and c2 to obtain a total health care amount of the c1 and c2 to obtain a total health care amount of the c1 and c2 to obtain a total amount of the c1 and c2 to obtain a total health care amount of the c1 and c2 to obtain a total and c2 to o |

| 28 | Local Standards: transportation ownership/lease expense which you claim an ownership/lease expense. (You may not clatwo vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from (available at www.usdoj.gov/ust/ or from the clerk of the bankru Average Monthly Payments for any debts secured by Vehicle 1 Line a and enter the result in Line 28. Do not enter an amount a. IRS Transportation Standards, Ownership Costs b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47. c. Net ownership/lease expense for Vehicle 1 | m the IRS Local Standards: T ptcy court); enter in Line b th, as stated in Line 47; subtract less than zero. | rnse for more than ransportation e total of the | \$ 200.00 |
|----|--|---|---|-------------|
| 29 | Local Standards: transportation ownership/lease expense the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" fro (available at www.usdoj.gov/ust/ or from the clerk of the bankry Average Monthly Payments for any debts secured by Vehicle 2 Line a and enter the result in Line 29. Do not enter an amount a. IRS Transportation Standards, Ownership Costs b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 c. Net ownership/lease expense for Vehicle 2 | om the IRS Local Standards: uptcy court); enter in Line b the stated in Line 47; subtract less than zero. | Transportation ne total of the | \$ 200.00 |
| 30 | Other Necessary Expenses: taxes. Enter the total average federal, state and local taxes, other than real estate and sales taxes, social security taxes, and Medicare taxes. Do not include the social security taxes. | taxes, such as income taxes | , self employment | \$ 3,100.00 |
| 31 | Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and | | | \$ 0.00 |
| 32 | Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for | | | \$ 382.00 |
| 33 | Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. | | | \$ 0.00 |
| 34 | Other Necessary Expenses: education for employment of child. Enter the total average monthly amount that you actually employment and for education that is required for a physically whom no public education providing similar services is available. | expend for education that is or mentally challenged dependent. | a condition of ident child for | \$ 0.00 |
| 35 | Other Necessary Expenses: childcare. Enter the total average childcare—such as baby-sitting, day care, nursery and preschool payments. | | | \$ 21.00 |
| 36 | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39. | | | \$ |
| 37 | Other Necessary Expenses: telecommunication services. E you actually pay for telecommunication services other than you service— such as pagers, call waiting, caller id, special long dis necessary for your health and welfare or that of your dependent deducted. | r basic home telephone and o stance, or internet service—to | cell phone the extent | \$ 0.00 |
| 38 | Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37. \$ 6,793.00 | | | |
| | Subpart B: Additional Living | | | |

| | | Note | e: Do not include any expens | ses that you have liste | ed in Lines 24-37 | |
|-----|---|------------------------|--|----------------------------|--|------------------|
| | Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly | | | | | |
| | expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, | | | | | |
| | | ur dependents. | | | | |
| 39 | a. | Health Insurance | | \$266.48 | | |
| | b. | Disability Insuran | | \$ | | |
| | C. | Health Savings A | Account | \$ | | |
| | | | | | | \$ 266.48 |
| | Total | and enter on Line 39 | | | | ψ 2 00.40 |
| | If yo | u do not actually exp | pend this total amount, state | your actual total avera | age monthly expenditures in | |
| | | pace below: | • | • | | |
| | \$ | | | | | |
| | Cont | inuad contributions | to the care of household or | family mambars Ent | or the total average actual | |
| | | | u will continue to pay for the re | | | |
| 40 | | | isabled member of your house | | | \$ 0.00 |
| | unab | le to pay for such exp | enses. Do not include paym | ents listed in Line 34 | • | |
| | Prot | ection against family | y violence. Enter the total ave | erage reasonably neces | ssary monthly expenses that | |
| 41 | | | aintain the safety of your famil | | | \$ 0.00 |
| | | | icable federal law. The nature | of these expenses is re | equired to be kept confidential | |
| | | e court. | | | | <u> </u> |
| | | | er the total average monthly a ng and Utilities, that you actua | | | |
| 42 | | | e with documentation of yo | | | \$ |
| | | | nt claimed is reasonable an | | na yea maet aemenenate | |
| | Edu | eation expenses for | dependent children under 1 | 8 Enter the total avera | age monthly expenses that you | |
| | | | | | public elementary or secondary | |
| 43 | | | children less than 18 years of | | | |
| 43 | docu | imentation of your a | ictual expenses, and you mi | ust explain why the ar | mount claimed is reasonable | \$ 0.00 |
| | and necessary and not already accounted for in the IRS Standards. Additional food and clothing expense. Enter the total average monthly amount by which your food and | | | | | |
| | | | hing expense. Enter the total the combined allowances for | | | |
| 4.4 | | | exceed 5% of those combine | | | |
| 44 | | | n the clerk of the bankruptcy | | | |
| | amount claimed is reasonable and necessary. | | | | | \$ |
| | Chai | itable contributions | Enter the amount reason | ably pagagary for ye | au to expend each month on | |
| 45 | | | | | ou to expend each month on able organization as defined in | * • • • • |
| | charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income. | | | | \$ 0.00 | |
| | T . 4 . | | D. I. d' | | 00.11 1.45 | |
| 46 | Tota | i Additional Expense | e Deductions under § 707(b) |). Enter the total of Line | es 39 through 45. | \$ 266.48 |
| | | | Subpart C: Deduc | tions for Debt Paym | ent | |
| | Fist | re navmente en coe | ured claims. For each of you | r debte that is secured | by an interest in property that | |
| | | | the creditor, identify the prope | | | |
| | | | | | verage Monthly Payment is the | |
| | | | uled as contractually due to ea | | | |
| 47 | | | se, divided by 60. If necessary nly Payments on Line 47. | /, list additional entries | on a separate page. Enter the | |
| | ioial | | ny r ayments on Line 47. | | | |
| | | Name of | Property Securing the Debt | Average | Does payment | |
| | | Creditor | | Monthly Payment | include taxes or insurance? | |
| | a. | Citi mortgage | home | \$ 2,119.00 | yes no | |
| | b. | Citi mortgage | home | \$ 1,154.00 | yes 1 no | |
| | Total: Add Lines a hand c | | | | | ¢ 2 272 00 |
| | | | | | | |

| 48 | residend you may in additi amount | ce, a motor vehicle, or other pro y include in your deduction 1/60 on to the payments listed in Lin- would include any sums in defa | | or the support of your dependents, nt") that you must pay the creditor ion of the property. The cure void repossession or foreclosure. dditional entries on a separate | \$ 0.00 |
|----|--|---|---|--|--------------|
| 49 | as priori | ty tax, child support and alimon | ms. Enter the total amount, divide y claims, for which you were liable ons, such as those set out in Li | ed by 60, of all priority claims, such | \$ 76.46 |
| 50 | a. b. | g administrative expense. Projected average monthly Chap Current multiplier for your district issued by the Executive Office fo | ter 13 plan payment. as determined under schedules United States Trustees. (This sdoj.gov/ust/ or from the clerk of the | \$1,186.96 X 10.00 Total: Multiply Lines a and b | \$ 118.70 |
| 51 | Total D | eductions for Debt Payment. | Enter the total of Lines 47 through 50 | | \$ 3,468.16 |
| | | Sut | ppart D: Total Deductions from | n Income | |
| 52 | Total o | f all deductions from income. | Enter the total of Lines 38, 46, ar | nd 51. | \$10,527.64 |
| | | Part V. DETERMINA | TION OF DISPOSABLE INC | OME UNDER § 1325(b)(2) | |
| 53 | Total current monthly income. Enter the amount from Line 20. | | | | \$ 11,925.00 |
| 54 | Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. | | | | |
| 55 | Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19). | | | | |
| 56 | Total of | f all deductions allowed unde | r § 707(b)(2). Enter the amount fr | rom Line 52. | \$ 10,527.64 |
| 57 | which the lines a-total in must p | nere is no reasonable alternation below. If necessary, list addition 57. You must provide your orovide a detailed explanate ary and reasonable. | ve, describe the special circumstational entries on a separate pagour case trustee with documention of the special circumstatal circumstances | es that justify additional expenses for ances and the resulting expenses in e. Total the expenses and enter the station of these expenses and you nces that make such expenses Amount of expense \$ 153.00 Total: Add Lines a, b, and c | 1 |

B22C (Official Form 22C) (Chapter 13) (12/10)

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| 58 | Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result. |
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| 59 | Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result. \$ 955.36 |
| | Part VI. ADDITIONAL EXPENSE CLAIMS |
| 60 | Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. Expense Description Monthly Amount |
| | a. \$ Total: Add Lines a, b, and c \$0.00 |
| | Part VII: VERIFICATION |
| 61 | I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.) Date: 1/28/2011 Signature: s/ Robert E Storr Robert E Storr, (Debtor) |
| | Date: 1/28/2011 Signature: s/ Kimberly A Storr Kimberly A Storr, (Joint Debtor, if any) |